DISTRIBUTORS HANDBILL NOTIFICATION FORM

| | a(s) of the City which will be covered by the distribution of date: |
|-------|--|
| Distr | ributors name, address, phone number and their business l ber: |
| | name and address of each person who will be doing the acibution: |
| Dist | name, address and phone number of the person by whom ributor is employed, whom they represent or whose handbing distributed: |
| | business license number of such person in (5) above if the ocated within the corporate limits of the City of Berwyn: |
| | escription, sufficient for identification, of the subject matter |